STATE OF ARIZONA
MARICOPA COUNTY
POLITICAL COMMITTEE
<u>CAMPAIGN FINANCE REPORT</u>

FOR OFFICE USE ONLY

1. _____
Full Name of Committee

_____
Address

_____
City   Zip Code   Phone

3. ID#

2. _____
Sponsoring Organization (if applicable)

_____
Name of Candidate and Office Sought (if applicable)

_____
Email Address   Fax #

Primary Election: September 12, 2006
General Election: November 7, 2006

4.	**Reporting Period** (Please Check Appropriate Box)	**Due Between**
a	**JANUARY 31ST REPORT -** For Period of November 23, 2004 through December 31, 2005	January 2, 2006 and January 31, 2006
b	**JUNE 30TH REPORT -** For Period of January 1, 2006 through May 31, 2006	June 1, 2006 and June 30, 2006
c	**PRE-PRIMARY ELECTION REPORT -** For Period of June 1, 2006 through August 23, 2006	August 24, 2006 and August 31, 2006
d	**POST-PRIMARY ELECTION REPORT -** For Period of August 24, 2006 through October 2, 2006	October 3, 2006 and October 12, 2006
e	**PRE-GENERAL ELECTION REPORT -** For Period of October 3, 2006 through October 18, 2006	October 19, 2006 and October 26, 2006
f	**POST-GENERAL ELECTION REPORT -** For Period of October 19, 2006 through November 27, 2006	November 28, 2006 and December 7, 2006

5.	**Summary**	**Column A** Total This Reporting Period	**Column B** Election Period Total to Date
5a	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b	Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)		
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)		
5d	Subtotal (add lines b and c for column A and add lines a and c for column B)		
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)		
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)		

revised 1/2005

DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS

PAGE 2

1. Committee Name

2. ID #

3. Report covering period of

RECEIPTS	Column A This Period	Column B Campaign to Date
4. Contributions other than loans and in-kind:		
(a) Individuals - more than $25 (Total from Schedule A)		
(b) Individuals - aggregate $25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]		

DISBURSEMENTS	Column A This Period	Column B Campaign to Date
9. Expenditures for operating expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual   Date

revised 11/2003

CONTRIBUTIONS more than $25 - from INDIVIDUALS*

SCHEDULE A

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	Name Street Address City State Zip Occupation Employer			
b	Name Street Address City State Zip Occupation Employer			
c	Name Street Address City State Zip Occupation Employer			
d	Name Street Address City State Zip Occupation Employer			
e	Name Street Address City State Zip Occupation Employer			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

*If contributions of $25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List $5 Clean Election qualifying contributions separately on Schedule A-2.

Schedule A Page _____ of _____

revised 4/2003

CONTRIBUTIONS of $25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of $25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

If contributions of $25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

List $5 Clean Election qualifying contributions separately on Schedule A-2.

revised 4/2003

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
a	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
b	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
c	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
d	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
e	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
f	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i	ID# DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

Schedule B Page _____ of _____

revised 4/2003

CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4. **LOANS MADE OR GUARANTEED BY CANDIDATE** NAME, ADDRESS, FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a Last First Initial Street Address City State Zip Description			
b Last First Initial Street Address City State Zip Description			
c Last First Initial Street Address City State Zip Description			
d Last First Initial Street Address City State Zip Description			
e Last First Initial Street Address City State Zip Description			
5. ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]			

Schedule C Page _____ of _____

revised 4/2003

OTHER LOANS

SCHEDULE C-1

2. ID#	

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID# Street Address City, State, Zip NAME OF ENDORSER OR GUARANTOR OF LOAN Street Address City, State, Zip Description			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			

Schedule C-1 Page _____ of _____

revised 4/2003

EXPENDITURES FOR OPERATING EXPENSES*   **SCHEDULE D**

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4. EXPENDITURES NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
b Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
c Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
d Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
e Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
f Name				
Street Address				
City	State	Zip		
Description of Items or Services Purchased				
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]				

Schedule D Page _____ of _____

revised 4/2003

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	INDEPENDENT EXPENDITURES IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
a	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited ○ Opposed ○		
	Candidate	Office Sought	Year of Election		
b	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited ○ Opposed ○		
	Candidate	Office Sought	Year of Election		
c	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited ○ Opposed ○		
	Candidate	Office Sought	Year of Election		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]				

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

_____
Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

Schedule D-1 Page _____ of _____

revised 4/2003

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4.	LOANS MADE BY THE REPORTING COMMITTEE NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE			DATE LOAN MADE	AMOUNT OF LOAN
a	Committee Name		ID#		
	Address				
	City	State	Zip		
b	Committee Name		ID#		
	Address				
	City	State	Zip		
c	Committee Name		ID#		
	Address				
	City	State	Zip		
d	Committee Name		ID#		
	Address				
	City	State	Zip		
e	Committee Name		ID#		
	Address				
	City	State	Zip		
f	Committee Name		ID#		
	Address				
	City	State	Zip		
g	Committee Name		ID#		
	Address				
	City	State	Zip		
h	Committee Name		ID#		
	Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]				

Schedule D-2 Page _____ of _____

revised 4/2003

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4. **REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES** NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
a Name Street Address City State Zip Descrption of Refund		
b Name Street Address City State Zip Descrption of Refund		
c Name Street Address City State Zip Descrption of Refund		
d Name Street Address City State Zip Descrption of Refund		
e Name Street Address City State Zip Descrption of Refund		
f Name Street Address City State Zip Descrption of Refund		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]		

* Includes return of contributions made by reporting committee

Schedule D-3 Page _____ of _____

revised 4/2003

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. **REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE** NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a Name Street Address City　　State　　Zip		
b Name Street Address City　　State　　Zip		
c Name Street Address City　　State　　Zip		
d Name Street Address City　　State　　Zip		
e Name Street Address City　　State　　Zip		
f Name Street Address City　　State　　Zip		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]		

Schedule D-4 Page _____ of _____

revised 4/2003

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4. REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a Name and ID Number Street Address City State Zip		
b Name and ID Number Street Address City State Zip		
c Name and ID Number Street Address City State Zip		
d Name and ID Number Street Address City State Zip		
e Name and ID Number Street Address City State Zip		
f Name and ID Number Street Address City State Zip		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [if last page of scheduTransfer total to Detailed Summary Page, Line 13(b), Column A]		

Schedule D-5 Page _____ of _____

revised 4/2003

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. **TRANSFERS MADE BY THE REPORTING COMMITTEE** NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a Name and ID Number Street Address City State Zip		
b Name and ID Number Street Address City State Zip		
c Name and ID Number Street Address City State Zip		
d Name and ID Number Street Address City State Zip		
e Name and ID Number Street Address City State Zip		
f Name and ID Number Street Address City State Zip		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

Schedule D-6 Page _____ of _____

revised 4/2003

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENT NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
a	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
b	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
c	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
d	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
e	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
f	Name and ID Number Street Address City　　　　　State　　　　　Zip Description		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A]		

Schedule D-7 Page _____ of _____

revised 4/2003

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. IN-KIND CONTRIBUTIONS and EXPENDITURES NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN		DATE	FAIR MARKET VALUE
a	Name, Address, City, State, Zip, and ID# CONTRIBUTION ☐ EXPENDITURE ☐		
	Description		
	Occupation Employer		
b	Name, Address, City, State, Zip, and ID# CONTRIBUTION ☐ EXPENDITURE ☐		
	Description		
	Occupation Employer		
c	Name, Address, City, State, Zip, and ID# CONTRIBUTION ☐ EXPENDITURE ☐		
	Description		
	Occupation Employer		
d	Name, Address, City, State, Zip, and ID# CONTRIBUTION ☐ EXPENDITURE ☐		
	Description		
	Occupation Employer		
5	ENTER TOTAL **IN-KIND CONTRIBUTIONS** ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 6, Column A]		
6	ENTER TOTAL **IN-KIND EXPENDITURES** ONLY IF LAST PAGE OF SCHEDULE E [if last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]		

Schedule E Page _____ of _____

revised 4/2003

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	**DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS** NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM THE RECEIPT WAS RECEIVED	DATE RECEIVED	AMOUNT OF THE RECEIPT
a	Name and ID Number Street Address City State Zip Description of Receipt		
b	Name and ID Number Street Address City State Zip Description of Receipt		
c	Name and ID Number Street Address City State Zip Description of Receipt		
d	Name and ID Number Street Address City State Zip Description of Receipt		
e	Name and ID Number Street Address City State Zip Description of Receipt		
f	Name and ID Number Street Address City State Zip Description of Receipt		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [if last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		

Schedule F-1 Page _____ of _____

revised 4/2003

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

2. ID#

1. Committee Name

3. Report covering period from _____ thru _____

4. REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME AND ID# OF THE POLITICAL COMMITTEE) TO WHOM THE REFUND WAS MADE; DESCRIPTION	DATE REFUND WAS MADE	AMOUNT OF THE REFUND
a Name and ID Number Street Address City State Zip Description of Refund		
b Name and ID Number Street Address City State Zip Description of Refund		
c Name and ID Number Street Address City State Zip Description of Refund		
d Name and ID Number Street Address City State Zip Description of Refund		
e Name and ID Number Street Address City State Zip Description of Refund		
f Name and ID Number Street Address City State Zip Description of Refund		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A]		

*Includes return of contributions received by reporting committee

Schedule F-2 Page _____ of _____

revised 4/2003

DEBTS AND OBLIGATIONS (Excluding Loans)   SCHEDULE F-3

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	**DEBTS AND OBLIGATIONS** NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	**OUTSTANDING BALANCE BEGINNING THIS PERIOD**	**AMOUNT INCURRED THIS PERIOD**	**PAYMENT THIS PERIOD**	**OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD**
a	Name, Address, City, State, Zip, and ID# Description of Debt				
b	Name, Address, City, State, Zip, and ID# Description of Debt				
c	Name, Address, City, State, Zip, and ID# Description of Debt				
d	Name, Address, City, State, Zip, and ID# Description of Debt				
e	Name, Address, City, State, Zip, and ID# Description of Debt				
5	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				

Schedule F-3 Page _____ of _____

revised 4/2003